VILLAGE OF WAPPINGERS FALLS

BUILDING INSPECTOR
ZONING ADMINISTRATOR
CODE ENFORCEMENT OFFICER
JOHN J. FENTON JR.

FIRE INSPECTOR
PLUMBING INSPECTOR
CODE ENFORCEMENT OFFICER
RICHARD F. TRAVIS

CODE ENFORCEMENT OFFICER
ARMAND ALFONSO



BUILDING DEPARTMENT OFFICE OF CODE ENFORCEMENT OFFICE OF THE FIRE INSPECTOR 7 SPRING STREET WAPPINGERS FALLS, NY 12590 (845) 297-5277 FAX: (845) 296-0379 MAYOR
MATTHEW ALEXANDER
TRUSTEES
ROBERT MARSHALL
JOHN VISENTIN
RICHARD CERINO
JOHN CHASE
DENISE CALABRESE
ROBERT KIRSTEIN

DECK / OPEN PORCH, ENCLOSED UN-HEATED PORCH PERMIT PACKAGE

- 1. **CONSTRUCTION DRAWINGS-** Need to submit two (2) drawings of the proposed deck or porch. A complete top view and a side section view, showing all structural members, their size, spacing, grade and species. Include stair, platform details, fastening methods, spacing between supports and all elevations. Show footing placement, size, depth, and reinforcement. Minimum depth of the footings is to be no less than 42". In certain instances the plans will need to be stamped and signed by a licensed design professional. See attached samples.
- 2. LOCATION PLAN- A location plan or stamped survey of the property showing the location of the deck on the house and indicating the proper setbacks from the property lines in conformance with The Village of Wappingers Falls Zoning Ordinance. Show water and sewer lines. See attached samples.
- 3. WORKERS' COMPENSATION Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.
- Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord forms) or Affidavit in lieu thereof---signed and stamped by Workers Compensation Board.
- Homeowners doing their own projects MUST fill out form BP-1 (included in packet) and have notarized.
- 4. If contractor is applicant, the contractor **MUST** provide consent from the homeowner authorizing him to file for Building Permit.
- 5. All applications MUST be complete before review by a Building Inspector.

Required inspections

Pre-inspection
Footing inspection-at least 24hrs BEFORE pouring
Framing inspection, including attachment to the structure
Final inspection

APPLICANT:		· ·	 _	
ADDRESS:		PHONE:		
OWNER:				
ADDRESS:		PHONE:		
BUILDER:				
ADDRESS:	<u> </u>	5446445		
BUILDING SITE LOCATION:				
	n, County, State or P			
TAX GRID NUMBER: #06	•			
PROJECT:				
(Check all that apply.)				
[] Construction of New Building	[] Pool - Above	Ground: size	e	
() Demolition	[] Pool - In-Gro	und: size	e	
[] Factory Manufactured Home	[] Garage, Atta	ched		
[] Conversion - Change in Use/Occupancy	[] Garage, Deta	ched		
[] Alteration	[] Noncommer	cial Storage Building (shed)	•	
[] Addition to Existing Building	[] Deck/Porch			
[] Repair to Existing Structure	[] Solid Fuel He	ating Device (woodstove, p	pellet stove, fireplace)	
[] Oil/Gas/LP-Gas Heating or other Appliance	[] Tank remova	l/installation		
[] Installation/Replacement of Equipment and Systems	[] Sign			
[] Installation/Extension of Electrical Systems	[] Other:			
Size of Structure (dimensions):				
Height: Number of Stories		Number of Dwelling Ur		
		Finished Basement		
ZONING DISTRICT:	Fire Departm	ent: []SW Johnson	[] W Garner	
Proposed Setback Minimums:				
Distance of structure from Front Line: Re				
Road Frontage (feet):				
[] Planning Approval - Site Plan, Special Use, etc.				
[] Village Variance (attach ZBA resolution)		d Home: Stamped and Sign	ned Plans	
[] State Variance (attach Board of Review resolution)		nped and Signed Plans		
[] Driveway Permit – Village, Town, County, State DOT		Compliance Sheet	n Eilad	
[] Water/Sewer Department Approvals	[] Electrical Inspection Agency: Application Filed [] Attached Plot Plan or Survey			
[] Wetland	• =	WORKERS COMPENSATIO	iN	
[] Flood Plain		COST OF PROJECT:		
[] Statement of Special Inspections-Commercial Zoning Dept. Use: Bldg. De		LOSI OI PROJECT.		
	Balance:	Total:		
[] FEE: Deposit:			ant Officer to enter premises	
It is understood that authorization is hereby given for the Buildir for purposes of inspection any time prior to the issuance of the C			ent omeer to enter premises	
All inspections are listed on Building Permit. All appl			ew by an Inspector.	
			, ,	

Date

Signature (Owner, Builder, Agent)

APPLICATION FOR A BUILDING PERMIT

IMPORTANT NOTICES: READ & SIGN.

8.

- Work conducted pursuant to a building permit must be visually inspected by the Code
 Enforcement Office and must conform to the New York State Uniform Fire Prevention and
 Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other
 applicable codes, rules or regulations.
- 2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owner wishes to have an inspection conducted. More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall).
 - DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.
- 3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDED, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEINGN CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
- 4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issued unless currently valid Worker's compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services. If the contractor believes he/she is exempt from the requirements to provide Worker's Compensation and/or Disability Benefits, the contractor must complete form BP-1 attached hereto.
- 5. If a Certificate of Occupancy is required, the structure shall not be occupied until said certificate has been issued. Section 64-9 (a) Village Code
- 6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
- 7. This permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.

The building permit card must be displayed so as to be visible from the street nearest to the

I, ______, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful agent of said owner and affirm under

the penalty of perjury that all statements made by me	e on this application are true.	
(Signature)	Date:	

VILLAGE OF WAPPINGERS FALLS POLICY ON CONSTRUCTION INSPECTIONS

Inspections are required under NYS and Village Law. The following inspections are required to be scheduled by the contractor and/or property owner at a minimum 24 hours BEFORE the inspection is needed. In some cases more time is required before an inspection takes place. (see below) Failing to schedule required inspections is a violation of Village Law and legal action may be taken against you and/or a STOP WORK ORDER issued if you fail to schedule the required inspections.

<u>FOOTINGS</u> -When the excavation for footings is completed and before footings are poured. Soil bearing tests are the responsibility of the homeowner/contractor. Must call to schedule 48 hours BEFORE pouring concrete in order to allow for corrections.

FOOTING DRAINS - Before backfilling foundation.

FOUNDATION WALLS — When the foundation forms (for poured walls) have been erected, and before any backfilling has taken place. 48 hours BEFORE pouring. Block walls may require intermittent inspections for reinforcing rods or other details that may be included on a designed plan. Also, for block walls schedule an inspection before back-filling.

CONCRETE FLOORS & SLABS - 48 BEFORE pouring.

<u>UNDERGROUND & ROUGH PLUMBING</u> – DWV requires an air test of 5psi or a water test (system being tested filled to at least 10 feet above that system with water), either test holding for at least 15 minutes. Water-supply required to be proved water tight under a water pressure not less than the working pressure of the system or by an air test of not less than 50 psi. Water used for testing must be from a potable source. Backflow devices require an initial inspection and test and must be inspected and tested at least annually. These devices are inspected by Third-party inspectors (contact the office for a courtesy list of inspectors or visit the NYSDOH web-site.)

<u>FINAL PLUMBING</u> – DWV fixtures must be filled and prove water tight. Water-supply and Backflow devices (see above)

<u>FRAMING</u> – When all framing has been completed and prior to the installation of any wall finishes. Inspectors will check for fire caulking and/or Fire – rated assemblies.

INSULATION – When insulation and vapor barrier is installed and before wall finishes.

<u>MECHANICAL</u> - Solid fuel burning heating appliances, chimneys, flues or gas vents. ANY of the previous that will be concealed in walls or by finishes must be inspected prior to those walls or finishes being applied or installed. This includes clothing dryer vents.

<u>FINAL</u> – When all work is complete and before any occupancy of building or structure. Electrical, plumbing and fire inspections must also be completed.

NO CERTIFICATE OF OCCUPANCY will be issued for any building permit until all required inspections have been completed and work accepted.

<u>Fire Inspector, Building Inspector, Code Enforcement Officers, Zoning Administrator and Plumbing Inspector can be reached at 297-5277. Electrical Inspectors are third-party inspectors and are listed below.</u>

ELECTRICAL INSPECTORS

The following are the ONLY Electrical Agencies accepted by the Village of Wappingers Falls:

Atlantic Inland: Contact - Bill Jaycox (845) 876-8794

Commonwealth Electrical Inspection Agency: Contact - Ron Henry - 562-8429

New York Insp. Agency - Contact: Tom Lejeune - 373-7308

Middle Department Inspection Agency - Contact: David J. Williams - 1-800-USE-MDIA Electrical Underwriters of NY, LLC: Contact: - Ernest C. Bello, Jr., - (845) 569-1759

Z3 Consultants, Inc.: Contact - Gary Beck - 471-9370

LOCATION PLA		S, NY			Applicat	ion/Permit#] – [_
APPLICANT (owner LOCATION OF PROWORK:	7	· 		***			· · · · · · · · · · · · · · · · · · ·	·		
TAX GRID NUMBER	R:#06						TT			
INTERIOR LOT:	(ORNER LOT			ZONING	DISTRICT:	<u> </u>	I		_
A SITE PĻAN	OR PLOT PL	AN NOTING	ALL SITE	FEA	TURES MAY	BE SUBST	ITUTED FO	OR THIS F	ORM	
ļ				Kear L	ot Dimension					
	Side Lot	Rear Set Back					Side Lot	MARK POI		
	Set Back	New Deck	L	Set B	ack					
		HOUSE	GA	RAGE						
Nearest Street ft.	Front L	ot Dimension		DRIVEWAY				Nearest	Street ft.	
		Street N	lame:	i				J	•	

IMPORTANT NOTE: The applicant is responsible for accuracy in dimensions shown above. INDICATE LOCATION OF WATER AND SEWER LINES AND THE DISTANCE OF EACH FROM STRUCTURE

Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

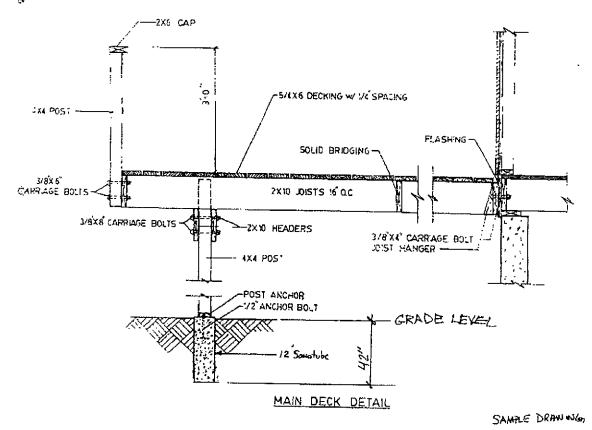
**This form cannot be used to waive the workers' compensation rights or obligations of any party. **

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

I am performing all the work for which the building permit was issued.

	t	51				
	I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.					
	attached building permit AND am	policy that is currently in effect and covers the property listed on the m hiring or paying individuals a total of less than 40 hours per week viduals on the jobsite) for which the building permit was issued.				
• a	forms approved by the Chair of the N the building permit if I need to hire or	ensation coverage and provide appropriate proof of that coverage on NYS Workers' Compensation Board to the government entity issuing or pay individuals a total of 40 hours or more per week (aggregate hours of for work indicated on the building permit, or if appropriate, file a CE-				
((including condominiums) listed on the workers' compensation coverage or p of the NYS Workers' Compensation	ming the work on the 1, 2, 3 or 4 family, owner-occupied residence the building permit that I am applying for, provide appropriate proof of proof of exemption from that coverage on forms approved by the Chair on Board to the government entity issuing the building permit if the ore per week (aggregate hours for all paid individuals on the jobsite) for nit.				
-	(Signature of Homeowner)	(Date Signed)				
		Home Telephone Number				
(Homeowner's Name Printed)					
Property	y Address that requires the building p	Sworn to before me this day of				

Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.



16 × 20 DECK ALL LUMBER . 40 TREATED SYP # 200 BETTER

